

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**(a) Name **VOTEVETS.ORG ACTION FUND**(b) Address (number and street) ☐ check if different than previously reported
2201 WISCONSIN AVE NW
#320(c) City, State and ZIP Code
WASHINGTON DC 20007

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30001275**3. Is This Statement**☒ **New**

or

☐ **Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y
10 / 27 / 2014

through

M M M / D D D / Y Y Y Y Y
10 / 27 / 2014**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y
10 / 27 / 2014(b) Communication Title Lejeune**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☒ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☒**8. Custodian of Records**

(a) Name

Peter Mellman

(b) Address (number and street)
2201 Wisconsin Ave #320

(c) City, State and ZIP Code

Washington

DC 20007

(d) Name of Employer or Principal Place of Business

VOTEVETS ACTION FUND

(e) Occupation

CFO

9. Total Donations This Statement

, , .00

10. Total Disbursements/Obligations This Statement

, , 31995.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Peter Mellman

SIGNATURE Peter Mellman

[Electronically Filed]

DATE

10/28/2014

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.